



EXPRESS MAIL NO. EV261473733US

PATENT

#12

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Timothy B. Main et al.  
Application No. : 09/905,434  
Filed : July 13, 2001  
For : BALING BAG FOR AUTOMATIC BAG LOADING  
Examiner : Stephen P. Garbe  
Art Unit : 3727  
Docket No. : 390059.406  
Date : February 6, 2003

Box RCE  
Commissioner for Patents  
Washington, DC 20231

REQUEST TO AMEND ATTORNEY DOCKET NUMBER

Sir:

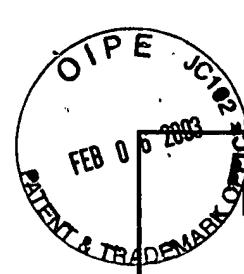
Applicants hereby request the docket number for Application No. 09/905,434 be amended to read 59159-9.

Respectfully submitted,  
Timothy B. Main et al.  
Davis Wright Tremaine LLP

Michael J. Donohue  
Michael J. Donohue  
Registration No. 35,859

MJD:gatc

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# FEET TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 375)

Complete if Known	
Application Number	09/905,434
Filing Date	July 13, 2001
First Named Inventor	Timothy B. Main
Examiner Name	Stephen P. Garbe
Group Art Unit	3727
Attorney Docket No.	59159-9

## METHOD OF PAYMENT

Payment Enclosed:  
 Check  Credit card  Money Order  Other

Deposit Account:  
 Deposit Account Number **04-0258**  
 Deposit Account Name **Davis Wright Tremaine LLP**

The Commissioner is authorized to (check all that apply)  
 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 Charge any deficiencies  
 to the above-identified deposit account.

Applicant claims small entity status. See 37 CFR 1.27.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
SUBTOTAL (1)			<b>375</b>
SUBTOTAL (1)			<b>(\$ 375)</b>

## 2. EXTRA CLAIM FEES

Total Claims	17	Extra Claims	Fee from below	Fee Paid
Independent Claims	3	0	0	0
Multiple Dependent				
Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)			<b>(\$ 0)</b>	

\*\* or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)						
3. ADDITIONAL FEES		Large Entity Small				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2,520	1812	2,520	For filing a request for ex parte reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	400	2252	200	Extension for reply within second month		
1253	920	2253	460	Extension for reply within third month		
1254	1,440	2254	720	Extension for reply within fourth month		
1255	1,960	2255	980	Extension for reply within fifth month		
1401	320	2401	160	Notice of Appeal		
1402	320	2402	160	Filing a brief in support of an appeal		
1403	280	2403	140	Request for oral hearing		
1451	1,510	1451	1,510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive – unavoidable		
1453	1,280	2453	640	Petition to revive – unintentional		
1501	1,280	2501	640	Utility issue fee (or reissue)		
1502	460	2502	230	Design issue fee		
1503	620	2503	310	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Petitions related to provisional applications		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	740	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))		
1801	740	2801	370	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other fee (specify) _____						
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3)		<b>(\$ 0)</b>

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SUBMITTED BY			
Name (Print/Type)	Michael J. Donohue	Registration No. Attorney/Agent	35,859
Firm Name/Address			
Signature	Michael J. Donohue	Date	February 6, 2003



22504

PATENT TRADEMARK OFFICE

RCE 2/6/03

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

09/905 434

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14	minus 20 =	* —
INDEPENDENT CLAIMS	2	minus 3 =	* —
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.